2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N07000011341

Entity Name: THE CANAAN RECOVERY FOUNDATION, INC.

Current Principal Place of Business:

3218 BAY ESTATES DR
DESTIN, FL 32550

New Principal Place of Business:

4156 HWY 20 EAST
FREEPORT, FL 32439

Current Mailing Address:

3218 BAY ESTATES DR
DESTIN, FL 32550

New Mailing Address:

P.O. BOX 818
FREEPORT, FL 32439

FEI Number: 26-1860103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EARLES, CHARLES E
3218 BAY ESTATES DR
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

BROUSSARD, JOHN R
388 BAYOU CIR
FREEPORT, FL 32439 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN R. BROUSSARD 04/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROUSSARD, JOHN R
Address: 380 BAYOU CIRCLE
City-St-Zip: FREEPORT, FL 32439

Title: SD ( ) Delete
Name: EARLES, CHARLES E
Address: 3218 BAY ESTATES DR.
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete
Name: JOHNSON, MARCIA
Address: 258 HILLCREST RD
City-St-Zip: SANTA ROSA BCH, FL 32548

Title: D ( ) Delete
Name: CHRISTENSEN, DICK
Address: 400 KELLY PLANTATION #902
City-St-Zip: DESTIN, FL 325418462

Title: D ( ) Delete
Name: CRUNK, JOHN
Address: 3018 CLUB DRIVE
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete
Name: HENDRICKS, GEORGE
Address: 3234 BAY ESTATES DRIVE
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROUSSARD, JOHN R
Address: 388 BAYOU CIRCLE
City-St-Zip: FREEPORT, FL 32439

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. BROUSSARD PD 04/20/2009
Electronic Signature of Signing Officer or Director Date